

**DANGEROUS GOODS
OFF-ROUTE PERMIT
BYLAW 2004-01 SCHEDULE "A"**

Town of Wainwright
1018 - 2 Avenue
Wainwright, AB T9W 1R1
780-842-3381



APPLICATION FOR OFF-ROUTE PERMIT

CARRIER:			
ADDRESS:			
CITY/TOWN:	PROV:	POSTAL CODE:	
TELEPHONE:	EMAIL:		

DANGEROUS GOODS IDENTIFICATION

SHIPPING NAME	CLASS / DIVISION	UN NUMBER	MEANS OF CONTAINMENT OF EACH UNIT	TOTAL QUANTITY
GASOLINE				
DIESEL FUEL				

Statement outlining need for permits and intended frequency of use:

The Carrier hereby indemnifies and saves harmless the Town from, of and against any losses, damages or expenses, which the Town may suffer or for which the Town may become liable arising out of the transportation of Dangerous Goods.

The Carrier hereby agrees to take every precaution necessary to prevent damage or injury to person as a result of the transportation of Dangerous Goods.

NAME OF PERSON MAKING APPLICATION:		POSITION:
SIGNATURE:		DATE:
OFFICE USE ONLY		
AUTHORIZATION:		PERMIT:
SIGNATURE:		
Conditions: Most direct route to be taken. A copy of this permit must accompany all vehicles proceeding off of the Dangerous Goods Route for any reason (ex. repairs)		
Expiry Date:		